

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38950

FILED OCT 21 1957

STATE FILE NUMBER

Registration District No. 359 Primary Registration District No. 6222 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moundville				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Moundville 1080 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. # 1				Length of stay in lb 17 years		d. STREET ADDRESS R. R. # 1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Tholen Last Dirks				4. DATE OF DEATH Oct. 11, 1957 Month Day Year			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 3, 1870 87	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min.		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Germany 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Dirk Dirks				14. MOTHER'S MAIDEN NAME Maria Post			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Richard Dirks Address Moundville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage at 5:15 DUE TO (b) Don't know DUE TO (c) Don't know PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Advanced age 331X INTERVAL BETWEEN ONSET AND DEATH 6 days							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> none				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X			
20c. TIME OF INJURY Hour Month, Day, Year p. m.				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Nevada COUNTY Vernon STATE Mo			
21. I attended the deceased from Oct 5/57 to Oct 11/57 and last saw him alive on Oct 5/57 Death occurred at 9 A. m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE W. Love MD (Degree or title)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 10/13/57		23c. NAME OF CEMETERY OR CREMATORY Hackberry Cemetery	
24. FUNERAL DIRECTOR Pichinger Funeral Home Nevada, Mo.				25. DATE RECD. BY LOCAL REG. Oct 16/57		26. REGISTRAR'S SIGNATURE Mrs Ruth Faith	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Percy F. Webster

Licensed Embalmer No. 4805

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.